

STATE OF GEORGIA

RECORDS RETENTION SCHEDULE APPLICATION

<i>The Retention Schedule Program will enter this data:</i>		Sheet:	1 of 2
		Schedule #:	84-0018-02
		Effective Date:	05/05/2000

(Agency use)
Date Sent: 4/25/2000

Agency: Ga. Subsequent Injury Trust Fund
Control No.: 84-18

Applicant: Ga. Subsequent Injury Trust Fund
Address: Two Northside 75 Suite 124
Atlanta, Ga. 30318

Creating Office: Ga. Subsequent Injury Trust Fund
Address: Two Northside 75 Suite 124
Atlanta, Ga. 30318

Administrator: Anne D. Burnett

Application
Type:

Amend: Change an existing schedule 84-18

Class: Individual

Series Title: Reimbursement Claimant Files

Dates of
Series: 1977 - ongoing

Access: Confidential O.C.G.A. § 50-18-72, 34-9-12(b), 34-9-61(b)

Function Documented: The Georgia Subsequent Injury Trust Fund promotes the employment and retention of workers with disabilities. This goal is accomplished by providing protection for employers from excess workers' compensation liability should an employee with a disability sustain an on-the-job injury resulting from or merging with the pre-existing impairment. The SITF reimburses indemnity and medical costs to employer/insurers on accepted, qualified second injury cases. In order for an employer/insurer to be eligible for reimbursement from the Fund, the employee's subsequent injury must be directly caused by the prior impairment, or combine with a prior impairment to create greater employer liability for lost time benefits and medical expenses.

Consists of: Possible claims and claims made against the Georgia Subsequent Injury Trust Fund. Claim file information consist of the following: Notice of Claim (form S.I. "A"), Employer Knowledge Affidavit (form S.I. "H") plus supporting

(Archives use)

Date

Received: May 1, 2000

Agency Code: 0489

Control No.: 2000 0501-01

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STATE OF GEORGIA
RECORDS RETENTION SCHEDULE APPLICATION

<i>The Retention Schedule Program will enter this data:</i>	Sheet:	2 of 2
	Schedule #:	84-0018-02
	Effective Date:	05/05/2000

documentation, documentation supporting merger between the pre-existing condition and subsequent injury, copies of any forms generated and forwarded to the Worker's Compensation Board (WC-1, WC-2, WC-4, any awards, orders etc.), medical reports for the subsequent injury and prior impairment, Reimbursement Agreement, Reimbursement Request form (form S.I. "C"), related correspondence, Request for Hearing notice, and Request for Mediation notice.

Media: Paper – size 8½ by 11

Arrangement:

Numerically by SITF claim number (assigned by unit)

Indexed by: Computer indexed (SITF number)

Retention Requirement:

State Law or Regulation: 0

Federal Law or Regulation: 0

Audit Period: 0

Administrative Need: 9½ years

Cutoff Event: When claim is closed

Total Retention: 9½ years

The above retention period is consistent with the requirements of the Georgia Records Act (O.C.G.A. § 50-18-90 et seq.). We submit this retention schedule to the State Records Committee with the recommendation that it be approved for the named record series.

Authorized by: *Anne D. Burnett* 4/25/2000
Agency Head (Anne D. Burnett, Administrator) Date

Concur: *Anne D. Burnett* 4/25/2000
Creating Office Administrator (Anne D. Burnett, Administrator) Date

Submitted by: *Kathy Cannon* 4/25/2000
Records Management Officer (Kathy Cannon, SITF Dir of Admin Svcs) Date

The State Records Committee approves this recommended retention period for the named records series by the named creating office.

Signed: *Ronald Schewe* 10/2/00
Secretary of State Designee Date

BSL 5/14/2000

STATE OF GEORGIA
STORAGE REFERENCE AND DISPOSITION PLAN
RESOURCE IMPACT PROJECTION

This data to be entered by the Retention Schedule Program

Sheet #: 1 of 1

Authorizing Schedule #: 84-0018-02

(Agency use)

(Archives use)

Date: 04/25/2000

Date Received: May 1, 2000

Agency Control No.: Ga. Subsequent Injury Trust Fund
84-18

Agency Code: 0489

Control No.: 2000 0501-01

Series Title: Reimbursement Claimant Files

Current Accumulation: Filing area is 15 feet 4½ inches long, 7 feet 4 inches high with 5 double sided rolling cabinets that are 33 inches wide. There are approximately 18,513 legal size folders filed in this area.

Annual Accumulation: Approximately 200 Cubic Feet
Same as above. No additional space available.

Reference Activity: One to six months old—10, Seven to Twelve months old—5, Thirteen to twenty-four months old—20 and Twenty-five months and older—3

Series Inventory: Authorization for Records Transfer & Receipt sheet and continuation sheet placed in first box. (See attached)

Storage Containers: Box Size 15x11⁷/₈ x 9⁵/₈

Special Storage Conditions: Confidential Records

Proposed Disposition Instructions:

Cut off records of series: When case is closed
Maintain in office for: 6 months
Transfer to: Record Center
Hold: 9 years
Then: Destroy

The information provided above about the records is true and accurate. The proposed disposition instructions will efficiently protect the rights and interests of the creating agency, the State of Georgia, and the public.

Signed: *Gene D. Burnett* 5/25/00
Creating Office Administrator Date

Submitted by: *Kathy Cannon* 4/25/2000
Kathy Cannon, Records Management Officer Date

The Office of Secretary of State, Department of Archives and History, agrees to provide storage and reference services for these records in accordance with this Storage and Disposition Plan. Changes in media, rate of accumulation, reference activity, or required storage conditions may require a renegotiated storage and reference agreement.

Accepted by: *Donald B. Scheue* 10/2/00
State Records Management Officer Date



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 7-21-83	1. Agency Address Georgia Subsequent Injury Trust Fund Suite 124 Two Northside 75 Atlanta, Georgia 30318-7784	Application Number 84-18	
Application Number		Date Received AUG 25 1983	Date Completed APR 6 1984
2. Person to Contact Doris Hutchins		Working Title Principle Clerk	Telephone Number 894-5674
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1977 Latest Present		5. Records Series Title (followed by title used in office; if different) Individual Reimbursement Claimant Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Administer the Georgia Subsequent Injury Trust Fund Program. Receive, process and pay workers' compensation claims made against the Fund by insurance companies and self-insured employers. These claims involve previously handicapped employees of Georgia employers who sustain occupational injuries. This office function is to review these cases to determine if the employer's liability for workers' compensation benefits has increased because of the preexisting condition and its involvement or merger with the new work related injury. The function also consists of reviewing all no-dependency fatal cases occurring under workers' compensation law in Georgia.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Possible claims and claims made against the Georgia Subsequent Injury Trust Fund. Included are: Initial Claimant Report; Notice of Claim - Form S.I. "A" Rev. 2/83; Reimbursement Agreement - Form S.I. "B" 2/81; Reimbursement Request - Form S.I. "C" 4/83; Employer's Request for Hearing - Form S.I. "D" 9/82; Response to Request for Hearing - Form S.I. "E" 9/82; Employer's Knowledge Affidavit - Form S.I. "H" 7/83; Receipt of Notice of Claim - Form S.I. "I" 3/83 Rev; Weekly Income Benefits - Form S.I. "L" 3/79; Medical Reports; Medical Summaries; and related correspondence. File is arranged: Numerically by case number (assigned by unit).			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>10</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____ ; Legal-size drawers <u>8</u> ; Shelves _____ ; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>See attached memo from Attorney General's Office</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? <i>Summary Data Entry</i>

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------------|-----------------------------------|--------------------------|
| a. State Law | <u>0</u> years. | d. Audit period | <u>0</u> years. |
| b. Statute of limitation | <u>2</u> years. ** | e. Administrative need to | <u>9 1/2</u> years. |
| c. Federal law | <u>0</u> years. | f. Federal retention instructions | <u> </u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal year; ☐ Other then, during which accident occurred

- ☒ Hold in the current files area 6 month(s) year(s); then
- ☐ Transfer to local holding area, hold year(s); then
- ☒ Transfer to State Records Center; hold 9 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	<i>8-24-83</i>		

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	<i>11-2-83</i>
<input checked="" type="checkbox"/> Secretary of State/Designee	<i>[Signature]</i>	<i>12/31/83</i>
Attorney General/Designee	<i>[Signature]</i>	<i>1-5-84</i>

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)